APPLICATION FOR PERMIT
BAYFIELD COLUNTY, WISCONSIN
Date Stand (Received)

MAY 28 2015

8/65

Refund: Permit #: Date:

MAY 28 2015

+ 100 Amount Paid: Int. Surface 10.00 /s 000

	×					with a Porch			Residential Use
	×			A Transcraption of the Company of th		with Loft			****
and the state of t	×				shack, etc.)	Residence (i.e. cabin, hunting shack, etc.	Residence		
- Andrews of the state of the s	×		and the condition of th		ture on property)	Principal Structure (first structure on property)	Principal 9		all exposure
Square Footage	Dimensions	Di		ė	Proposed Structure			7	Proposed Use
	Height:	-	Width: 48		Length: 32	136	Jarge	on:	Proposed Construction:
	Height:		Width:		Length:	r is relevant to it)	ng applied fo	f permit bei	Existing Structure: (if permit being applied for is relevant to it)
			□ None	A CONTRACTOR OF THE CONTRACTOR	-				, and the second
	, and the second	et	☐ Compost Toilet	Attances		☐ Foundation		Property	
1	contract)		☐ Portable (w/service	▼ None	and the state of t	□ No Basement	iness on	Run a Business on	
	☐ Vaulted (min 200 gallon)	· Uaul	☐ Privy (Pit) or			☐ Basement	existing bldg)	Relocate (existing bldg)	1
	ή Type: 🕼 نحد	ts) Specif	Sanitary (Exists) Specify Type:	3		□ 2-Story	ח	☐ Conversion	25.00.
Well	Specify Type:		☐ (New) Sanitary	□ 2	Year Round	☐ 1-Story + Loft	Alteration	☐ Addition/Alteration	
□ City	- Transmitte	Ŋ	☐ Municipal/City		Seasonal	√ 1-Story	truction	New Construction	
Water	Type of tary System property?	What Type of Sewer/Sanitary System Is on the property?	Sewei Is o	# of bedrooms	Use	# of Stories and/or basement	ect applying for)	Project (What are you applying for)	Value at Time of Completion *include donated time & material
									☐ Non-Shoreland
□ No	□ No	ine: _feet	Distance Structure is from Shoreline:	Distance Stru	Pond or Flowage If yescontinue	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	//Land within	Is Property	J
Are Wetlands Present?	in one?	*	cture is from Shoreline :	Distance Structure	Stream (incl. Intermittent) If yescontinue	liver, S	☐ Is Property/Land within 300 feet of R Creek or Landward side of Floodplain?	Is Property reek or Lan	
	Acreage	Lot Size		do	Nama Kazor	N, Range 6 W	28	_ , Township	Section 13
		Subdivision:	Block(5) No.	Lat(s) No.	VI Vol & Page	Lot Lot(s) CSM	Gov't Lot	2 1/4	56_1/4, 56
ty Ownership)	Recorded Document: (i.e. Property Ownership) Volume 12 Page(s) 433	Recorded D		405-00	PIN: (23 digits)	(Use Tax Statement) 04.		Legal Description	PROJECT LOCATION L
No	Attached Yes No	re/2ip):	Agent Mailing Address (include City/State/Lip):	gent Walling Adi	Agent Phone: Ag		cation on behalf	n Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))
one:	Plumber Phone	2	380-00	Plumber:) (SS	Contro		Mary -	Contractors /
840-16	9 612 2	553	٢	2487	Obje WT	City/State	3	3 <u>25</u>	Address of Property:
4-135	Telephone:	MA	City/State/Zip: Shorewox	S CIW	Mailing Address:	Mailing Add (\$584) (MIL	= 10	Owner's Name:
HER	B.O.A. TOTHER		LUSE 🗆 SPECIALUSE	☐ CONDITIONAL USE	□ PRIVY	USE 🗆 SANITARY	☐ LAND USE	JESTED	TYPE OF PERMIT REQUESTED-
org/zoning/asp)	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)	our website	HIS APPLICATION (visit	V DO I FILL OUT T	- %	artment. E BEEN ISSUED TO APPLIC	nty Zoning Dep	Bayfield Cour	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
		đ.	Refund:	Dina Dan	Bayfield Co. Zoning Dona	o no id	intil all faes ar	nill ha iccuad	mermirals. No permits

(If there are Multiple Own	above described property at any I	I (we) declare that this application am (are) responsible for the detail may be a result of Bayfield Codm	Secretarial Staff	· · · · · · · · · · · · · · · · · · ·			Rec'd for Issuance	r	☐ Winnicipal Use				☐ Commercial Use		ŧ		Residential Use	~~~ <u>`</u>			Proposed Use
ners liste	Sagnable	i (including	7						8												•
wner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	above described property of any reasonable time for the purpose of inspection.	I (we) declare that this application (including any accompanying information) has been examined by me lust and to the best of my four, knowledge and better it is the content and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a may be a result of Bayfield County relying on this Information I (we) am (are) providing in or yith this application. I (we) consent to county officials charged with administer	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	And a property of the second s	Accessory Building Addition/Alteration (specify)	Accessory Building (specify) garage	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
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		a permit. I (we) further accept liability which in grounty ordinances to have access to the	ampleto I (wa) ackao	×	×	×		×	(25 X / 1	×	×	×	×	×	×	×	×	×	×	×	Dimensions
	トントム	ccept liability which have access to the	on that I find						1536										The state of the s		Square Footage

Address to send permit Scott (If you are sign ACS. on behalf of the owner(s) a letter of authorization must accompany this application) S MUSSIONARY PTCV If you recently pun SUB Copy of Tax Statement hased the property send your Recorded Deed

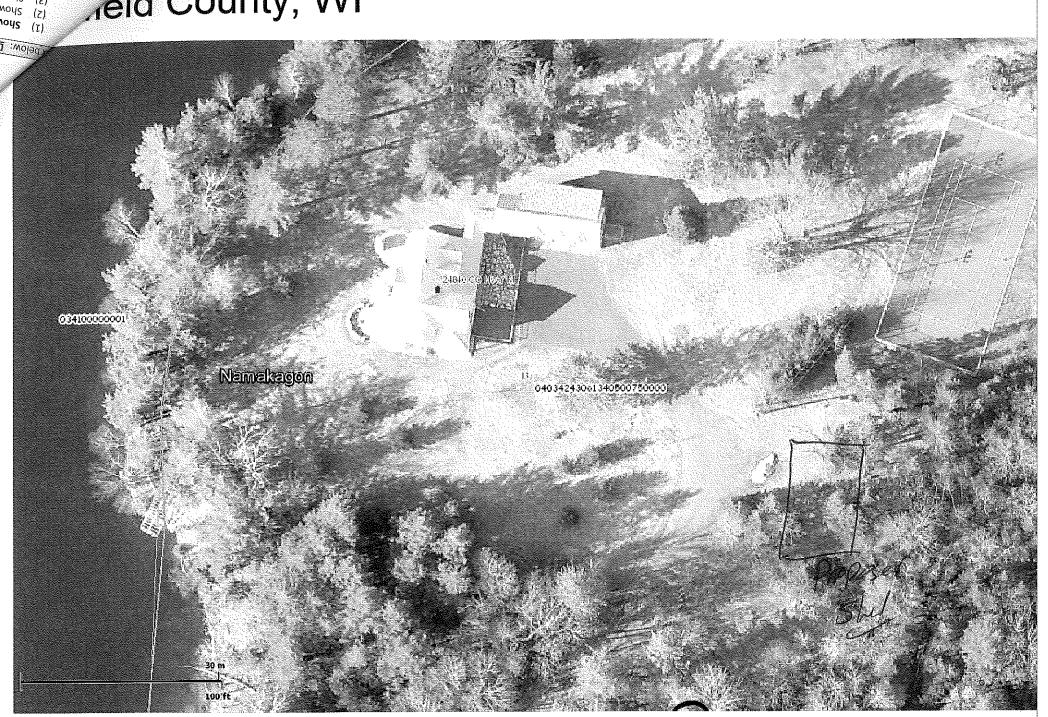
Date

Authorized Agent:

Hold For Sanitary Hold For TBA:	Not for human habitudes	, Committee or Board Conditions Attached? ☐ Yes //No	Proposed Shall Small	Was Parcel Legally Created PYes □ No Was Proposed Building Site Delineated PYes □ No Inspection Record:	Pr	Is Parcel a Sub-Standard Lot	-	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. # of bedrooms: Sanitary Date: Permit Denied (Date): Reason for Denial:	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be wisible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must marked by a licensed surveyor at the owner's expense.		Setback from the West Lot Line 349 Feet Setback from the East Lot Line 350 Feet Elk	26 Feet		Description Measurement	(8) Setbacks: (measured to the closest point)	Please complete (1) (7) above (prior to continuing)		\	Show any (*): Show any (*):	Show: Show: Show: Show any (*): Show any (*):	of (*):
	Date of Approval:	—(If <u>No</u> they need to be attached.)	Lakes Classification (Were Property Lines Represented by Owner □ Yes	Previously Granted by Variance (B.O.A.) □ Yes ②TNo □ Yes ②TNo	Mitigation Required ☐ Yes ZNo Affidavit Required ☐ Yes Mitigation Attached ☐ Yes ZNo Affidavit Attached ☐ Yes		of Issuance if Construction or Use has not begun. Ilities Are Required To Enforce The Uniform Dwelling Code. gencies may also require permits. # of bedrooms: Sanitary Date:	indary line from which the setback must be measured must be visible from one previously surveyed corner to the minimum required setback, the boundary line from which the setback must be measured must be visible from a corner within 500 feet of the proposed site of the structure, or must be	Setback to Well	Setback from 20% Slope Area **Main and the state of the		Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff AG Setback from the Bank or Bluff	Description Measurement	Changes in plans must be approved by the Planning & Zoning Dept.) Pond	: Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)) Pond	North (N) on Plot Plan (*) Driveway <u>and</u> (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

reld County, WI

(3) Nous (4)



SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

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200 200

Bayfield Co. Zoning Dept

BAYFIELD COUNTY, WISCONSIN JUN 052015 S N Refund: Date: Amount Paid: ermit #: 43 \$300 6.5 \overline{O}

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

☐ Non-Shoreland	A Shoreland —		section 3		1/4,		PROJECT LOCATION	なりと	Authorized Agent: (Per	RICK YE	22430	Address of Property:	TIN HUNBERLO	Owner's Name:	TYPE OF PERMIT REC	DO NOT START CONSTRUC
	${\Bbb Z}$ is Property/Land within 1000 feet of Lake, Pond or Flowage if yes.—continue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue—▶	, lownship		1/4 3	Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	JE1SHO)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	RICK YEAHOT BUILDER	CIRCLE DR N.	10	BERG		TYPE OF PERMIT REQUESTED—► 1/2 LAND USE SA	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
	ike, Pond or Flowage If yes—continue —>	er, Stream (ind. Intermittent) If yescontinue		Tov	1174 V7 P222) CSM Vol & Page	04-034-2-43		'	oné:	CASUE, NA	City/State/Zip:	3085 3174 Ave Ne	Mailing Address:	☐ SANITARY ☐ PRIVY ☐	APPLICANI.
	Distance Structure is from Shoreline:	Distance Structure is from Shoreline:	NAMAKAGON			Lot(s) No. Block(s) No.	04-034-2-43-06-03-4 05-003-	ROCHETTER, MAI 53502	Agent Mailing Address (include city/state/dp):	Plumber:	5482)		NE CAMISILLION STOO	-	🗌 CONDITIONAL USE 🖂 SPECIAL USE	
	ř.	<u> </u>	33, 105 saFi	Lot Size		Subdivision:	Volume 103 9	3502	State/ZID);	7: 1	***************************************		\$ 025.5°	`	JALUSE B.O.A.	
	□ Yes □ Yes □ No □ No	Is Property in Are Wetlands Floodplain Zone? Present?	1	Acreage	A A A A A A A A A A A A A A A A A A A		08 1 Page(s) 268	□ P Yes □ No	Attached	Plumber Phone:		Cell Phone:)	Telephone:).A. OTHER	

					00000	n-		Value at Time of Completion * include donated time & material
	l l	Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration		Project
ric relevant to it)		☐ Foundation	□ No Basement		☐ 2-Story	☑ 1-Story + Loft	□ 1-Story	# of Stories and/or basement
l anoth.			-			Year Round	☐ Seasonal	Use
		.0	None		3	2	<u>п</u>	# of bedrooms
Width:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	図 Sanitary (Exists) Specify Type: (pぬく	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
•		•			П	₹ Well	☐ City	Water

	Proposed Construction: Length:	Existing Structure: (if permit being applied for is relevant to it) Length:
**************************************	S C	
	width: 26	Width:
	Height	Height:

	100000000000000000000000000000000000000				Saliste
Proposed Use	ţ	Proposed Structure	D. M	Dimensions	Footage
		Principal Structure (first structure on property)		(X	
		Residence (i.e. cabin, hunting shack, etc.)		× 	
		with Loft		×)	
∠ Residential Use		with a Porch		× 	
		with (2 nd) Porch		×	
		with a Deck	(×	
		with (2 nd) Deck	(× -	
Commercial Use		with Attached Garage		x)	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)	(×	
		Mobile Home (manufactured date)	(×	
		Addition/Alteration (specify)		×	Annah to the same of the same
iViunicipal Use	Z	Accessory Building (specify) GARAGE / SCREEN) TORCH / DECK	1 40	× 2/	
Hec'd for Issuance		Accessory Building Addition/Alteration (specify)		× 	
		Special Use: (explain)	(X)	
000000000000000000000000000000000000000		Conditional Use: (explain)		×	
oecielaliai olali		Other: (explain)		×	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, zorrect and complete. I (we) acknowledge that I (we) are my (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield Country in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield country revious on this information I (we) am (are) providing in or with this application. I (we) consent to country officials charged with administering country ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

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÷	(If there are Multiple Owner letted on the Deed All Owners must sign or letter(s) of authorization must accompany this application) Authorized Agent:	
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(If you 2083 STAPEBURST DR SW company this application)

Address to send permit

ROCHESTER MN 53902 EPLAN 53902 Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

3

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense. Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Hold For Sanitary: 3 Granted by Variance (B.O.A.) Permit Denied (Date): Issuance Information (County Use Only) Signature of Inspector: 2 Condition(s):Town, Con Date of Inspection: Inspection Record: Setback from the South Lot Line Setback from the West Lot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback to Drain Field Setback from the North Lot Line Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming etback to Septic Tank or Holding Tank Was Parcel Legally Created
Was Proposed Building Site Delineated Please complete (1) - (7) above (prior to continuing) d ç (1)(2)(3)(4)(5)(6)(7) n the West Lot Line Show Location of:
Show / Indicate:
Show Location of (*): Show any (*): Show any (*): Show: Show: Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) Setbacks: (measured to the closest point) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code Description N. V. THE WAR Case #: Board Co Hold Fo TBA: ☐ Yes (Deed of Record) ______ ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes _____ Yes Yes Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% 2 8 8 8 8 Attached? Sanitary Number: Reason for Denial: Inspected by: Permit Date: Measurement □ Yes 20 404 Hold For Affidavit: v **The leg** I no — (If <u>No</u> the need to be attached.) Feet Feet Feet Feet Feet ė Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) Setback from Wetland
20% Slope Area on property
Elevation of Floodplain undary line from which the setback must be measured must be visible from one Setback from the River, Stream, Creek
Setback from the Bank or Bluff Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the Lake (ordinary high-water mark) Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: ☐ Yes Description Case Affidavit Required Affidavit Attached # ∑¥es □ Yes Lakes Classification Zoning District Sanitary Date: Date of Re-Inspection: Date of Approval: previously surveyed corner to the Yes Measurement □ Yes NO NO Feet No No Feet Feet Feet Fee Feet

B-EC-7

<u>Draw</u> or <u>Sketch</u> your Property (regardless of what you are applying for)

Andersen Windowalls

JAY YOUNG
ANDERSEN ARCHITECTURAL SPECIALIST

MORGAN DICTDIDUTION

TO SEE STATE OF THE STATE OF T

717-697-0346

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TIM HOLMBERG CASLE, WI LAKE MAINAKAGON MORTH DEMNHOR Der PORCH From PROPUSED HEW 28 GARAGE 201 DER 8 EXISTING 26 36 CABIN 28 EXISTIAL WELL 65 R ANDERSEN® PERMA-SHIELD® WINDOWS & PATIO DOORS FOR COMMERCIAL & INSTITUTIONAL USE